

CLAIMS ONLY								Application Number <div style="font-size: 1.2em; font-weight: bold;">10788863</div>		Filing Date		
								Applicant(s)				
								* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3											
Total Depend	22											
Total Claims	25											
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Filing Date

Applicant(s)

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